

Haemophilia Treatment Policy Guidelines - May 1983

A. Factor VIII Therapy

1) Mild Haemophiliacs and vWd

- (a) Use DDAVP for minor lesions expected to need only 1-2 days treatment e.g. teeth extractions.
- (b) Use cryoprecipitate or NHS factor VIII concentration for other lesions as rational e.g. cryo for vWd and for in-patients; NHS FVIII conc. for outpatient mild haemophiliacs.

2) Children with severe haemophilia

Use cryo. or NHS factor VIII as in 1(b) above.

3) Adults with severe haemophilia

- (a) Use cryoprecipitate for in-patient treatment where feasible.
- (b) Those who have never received imported concentrates should where possible only receive NHS concentrate when concentrate therapy is needed.
- (c) Other patients should continue to receive imported concentrate as previously prescribed.

4) Patients with haemophilia B

These patients should receive NHS factor IX concentrate as needed.

B. FEIBA

This material is extremely expensive and prescribers should think in terms of £/bleed as well as units/Kg.

1) Low immunological responder inhibitor patients

These can usually be treated with factor VIII concentrate (imported because they will usually have received this).

- 2) Use FEIBA only in immunologically brisk responders e.g. starting dose for average haemarthrosis at 50 u/Kg repeated after 12 hours if needed. Avoid further doses if possible. For severe bleeds use 100 u/Kg repeated after 12 hours. Use joint splintage, rest and analgesia as needed. It should rarely be necessary to treat on the second day.

General Points

- 1) Try to maintain patients on same material and same batch if possible to reduce donor exposure.
- 2) Remember that even NHS factor VIII will transmit Non A Non B hepatitis. Use DDAVP or cryo. where possible for mild hepatitis susceptible individuals.

- 3) Try to avoid introducing a dose of commercial concentrate during a treatment episode which has already commenced on NHS material unless there is a good reason for changing.
- 4) Think in terms of material to be used as well as units of factor VIII, especially when instructing resident junior staff.
- 5) Guidelines may be revised in the light of developments and national policy.

May 18th 1983